

One Call Medical, Inc.
Clinical Services & Accounting
Title: Provider Radiology Medical Claim Appeal

PURPOSE: The Medical Claim Appeal Process is a mechanism for One Call Medical (OCM) participating physicians to appeal disallowed or reduced charges resulting from OCM's medical claims review process for radiology procedures.

POLICY: Participating Physicians shall have the right to appeal any determination of medical claims review within 180 days from the processing date of the charges in question. The appeal will be considered in two stages; Level I Appeals and Level II Appeals. All reviewers of partial and denied appeals are practicing physicians, board certified in radiology. Notification of the outcome of each appeal will be made in writing to the appealing provider, within 30 days of completion of the review process.

PROCEDURE:

Level I Appeals:

1. All appeals shall be directed, in writing, to One Call Medical: Attn: Clinical Services Department. The appeal must **contain medical justification specific to the study**. If there is no medical justification, the appeal will be rejected and returned.
2. Upon receipt, an acknowledgement letter will be sent from Clinical Services Department, including the name and telephone number of the Nurse Reviewer by state assignment.
3. The Nurse Reviewer analyzes the bill for data accuracy.
 - a. If the bill has been processed incorrectly, the appeal form, bill, original coding form, and medical report are submitted to the Manager, Clinical Services, for approval.
 - b. If the bill was processed correctly, the appeal form, bill, original coding form and medical report are submitted to a physician review consultant for review.
4. Notification of the outcome of the appeal (approved, partial approval or denied) is communicated to the physician through a letter sent from the Clinical Services Department and the completed appeal form.

Level II Appeals:

1. If the participating physician is dissatisfied with the results of the Level I Appeal, that participating physician may submit a Level II Appeal. Participating physicians may initiate a Level II Appeal only after completing a Level I Appeal.
2. All appeals shall be directed, in writing, to One Call Medical: Attn: Clinical Services Department. The appeal letter must **contain medical justification specific to the study and must be composed by the physician**. If there is no medical justification, the appeal is rejected and returned.
3. Upon receipt of the Level II Appeal, an acknowledgement letter will be sent from the Clinical Services Department, including the name and telephone number of the Nurse Reviewer by state assignment.
4. Members of OCM's Radiology Medical Advisory Board and the Medical Director review Level II Appeals and determine the final outcome.
5. Notification of the outcome of the appeal (approved, partial approval or denied) is communicated to the physician through a letter sent from the Clinical Services Department and the completed appeal form.

Original: 12/13/1999

Reviewed: 1/9/2001; 10/31/2001; 4/16/02; 12/20/02; 12/18/03; 12/10/04

Revised: 8/21/2000; 4/15/2002; 6/10/04; 6/8/05; 11/29/05.

Approved by Neurodiagnostic Medical Advisory Board on 4/16/02; John E. Robinton, M.D. 6/23/04; 6/13/05; Doris DiMaio & Stephen R. Baker, M.D. 7/20/05; Radiology Advisory Board 11/29/05.

9.08 Provider Radiology Medical Claim Appeal